

## ESCROW AGREEMENT INFORMATION

The Hernando County Building Division offers the ability to pay for services from a pre-established escrow account.

To establish an escrow account, submit the Escrow Agreement and a minimum deposit of \$300.00. The Building Division is not authorized to extend credit, and charges will not be allowed for more than the balance on the account. Please be sure your deposit is sufficient to cover the monthly charges.

Only the persons listed on the agreement will be permitted to charge to your account. You may change the authorized personnel at any time by completing a new Escrow Agreement and sending it to our office so that we may update our file. Upon receipt of the agreement and deposit, an escrow account number will be assigned to you, and a copy of the form will be returned to your office.

There is no minimum balance required to keep your account active; however, if your account remains inactive for a period of six (6) months, the account will be closed and any remaining funds will be refunded. You can monitor your account via our online system. A statement of your account can be provided upon request.

### Requirements:

- Minimum Deposit Amount: \$300.00
- Must be a Hernando County Licensed or State Certified Contractor

### Features:

- Payment of Permit Fees
- Payment of Impact Fees
- Payment of Red Tags
- Payment of Contractor Licensing Fees
- Payment of Timed Inspections, Same Day, or After-Hours Inspections
- No Monthly Fee

### How to apply and maintain account:

- Submit completed Escrow Agreement along with deposit to Hernando County Building Division
- You will be contacted to establish your PIN number
- No minimum balance required; however, you must maintain balance sufficient to cover your charges
- If there is no activity on your account for a period of six (6) months, the account will be closed and unused funds will be refunded to you
- Account activity can be viewed through online system.
- Paper statement available upon request



# HERNANDO COUNTY BUILDING DIVISION

PERMITTING ♦ CONTRACTOR LICENSING

789 PROVIDENCE BOULEVARD ♦ BROOKSVILLE, FLORIDA 34601 ♦ www.HernandoCounty.us

PHONE 352.754.4050 ♦ FAX PERMITTING 352.754.4416 ♦ FAX CONTRACTOR LICENSING 352.754.4159

## ESCROW AGREEMENT

Escrow Account #: \_\_\_\_\_  
(Assigned by staff)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

I hereby authorize the following employees to charge to my escrow account:

Print/Type Name:

Signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Opening Deposit \$ \_\_\_\_\_  
(Minimum \$300.00)

**PLEASE COMPLETE NEW AGREEMENT WHEN ADDING OR DELETING AUTHORIZED EMPLOYEES OR WHEN CHANGING THE NAME OF YOUR BUSINESS OR LICENSE HOLDER.**

\_\_\_\_\_  
Name of License Holder

\_\_\_\_\_  
Signature of License Holder

\_\_\_\_\_  
Date

License Number \_\_\_\_\_ Company Name \_\_\_\_\_

License Number \_\_\_\_\_ Company Name \_\_\_\_\_

License Number \_\_\_\_\_ Company Name \_\_\_\_\_

To be completed by staff: Entered by \_\_\_\_\_ Date \_\_\_\_\_